

## 52 Just—Dawson: *Cerebellar Abscess; Temporo-sphenoidal Abscess*

June 20, 1926.—General condition good. No headache. Still transient attacks of blindness lasting from a few minutes to two hours. Power and co-ordination of limbs good.

June 22, 1926.—Reflexes as before. Papilloedema less marked (R. F. M.). Recovery very good. General condition excellent. Patient discharged from hospital, July 3, 1926.

August 20, 1926.—Visual acuity very defective: secondary optic atrophy of both discs more marked in the left. There is now no active change. (R. F. M.)

October 8, 1926.—Visual acuity: left eye,  $\frac{6}{88}$ ; right eye less than  $\frac{6}{80}$ . The general condition is excellent. The granulating wound behind the ear has practically healed.

### Right Cerebellar Abscess.

By G. W. DAWSON, F.R.C.S.I.

D. B., female, aged 25.

Seen October, 1918.—Had had right otorrhœa all her life and then had slight tenderness and swelling of the mastoid, with pain right side of head. A few days previously had had facial paralysis, and giddiness. Temperature  $99.8^{\circ}$  F.; pulse 100. For the previous twelve months she had "felt seedy," with headache and loss of appetite. She had lost weight and colour and was easily fatigued. Memory not affected.

October 8.—Radical mastoid operation: bone dense and acellular; pus in antrum. For two days she felt better. Temperature dropped to normal and pulse to 60, but on October 10 the temperature again rose to  $100^{\circ}$  F., where it remained till October 20, the pulse remaining at 60.

October 18.—The headache referred to right occiput became worse and on the 19th she vomited, and spontaneous nystagmus to the affected side was noticed. Fundus examined by house surgeon: slight papillitis.

October 20.—Screaming with pain she lay on sound side curled up in bed. Tongue dry and brown; pulse (64) small and weak; no weakness of limbs; reflexes normal; intellect perfectly clear, answered questions quickly. Cerebellar abscess was diagnosed.

*Operation.*—Mastoid re-opened: no track found. Attempt made to open cranial cavity in front of sinus, but space was too limited. Trephined behind sinus, and passed knife in several directions into cerebellum.

I almost abandoned the operation when I found a large quantity of foetid pus, which appeared to be situated low down and anteriorly. The amount appeared so large that one wondered how it could be missed. An iodoform gauze plug was introduced and changed every day. The nystagmus disappeared in a few days. The temperature dropped to  $99^{\circ}$  F. in four days, and in six days she was free from pain and was allowed out of bed on November 12. Her ill health and progressive loss of weight and colour during the previous twelve months seem to indicate the presence of a chronic abscess.

### Right Temporo-sphenoidal Abscess.

By G. W. DAWSON, F.R.C.S.I.

F. N., MALE, aged 21. Right otorrhœa three years. Occasional pain about December 10, 1926; became ill with pain in ear; temperature  $100^{\circ}$  F. Recovered in a few days.

December 29, 1926.—Became unconscious at night and was brought to the hospital.

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December 30, 1926.—Coma from which he could not be roused. No paresis—patellar reflexes absent; plantar reflexes active; König's sign absent. Fundus examined next day—normal. Temperature 101° F.; pulse 72. Radical mastoid—cholesteatoma—sinus found in region of antrum. Probe passed upwards 2½ in., not much discharge; the opening was slightly enlarged and an iodoform gauze plug inserted. On changing this next day there was a profuse discharge of foetid pus and brain matter. Tube inserted but it had to be changed twice daily as it appeared to dam up the discharge. He recovered consciousness after the operation but was violent for several nights.

January 5, 1927.—Except for a slight headache is very well, but much discharge persists.

January 19.—Very well, discharge still considerable.

The temperature has been normal since operation and the pulse round about 60 except on two occasions when it dropped to 54.

**Left Temporo-sphenoidal Abscess.**

By SYDNEY SCOTT, M.S.

S. P. C., MALE, aged 44. Referred by Dr. Hinds Howell.

*History.*—Three weeks ago: "influenza," left otalgia, no discharge. In bed three days, then out and about. Two weeks ago: back to bed, headache, chiefly left side. Vomiting once or twice daily. Had a shivering attack. Some mental wandering. Left otalgia, with discharge, began two days after return to bed; discharge has continued since. One week ago became drowsy and somewhat incoherent; very severe headache, mainly left temporal. Marked paraphasia noticed before admission.

*Condition on Examination:* September 28, 1924.—Patient semi-comatose, talks incoherently, yawns repeatedly, tongue dry and furred. Left otitis media. Pus in meatus. Slight hemiplegia (right). Temperature 97·6° F.; pulse 52; respiration 20. *Cranial Nerves:* Right seventh, weakness; others, normal. *Reflexes:* Right biceps, supinator and abdominal muscles, reflexes not obtained. Slight weakness of right upper extremity. Right knee-jerk could not be tested owing to ankylosed knee. Right ankle-jerk slightly diminished. No flexor plantar response, Left side normal. No sensory changes. *Eyes:* Normal.

*Diagnosis.*—Left acute suppurative otitis media with left temporo-sphenoidal abscess.

*Operation:* September 28, 1924.—Left ear: Schwartz's operation; cellular mastoid; pus in antrum and cells. Tegmen antri removed; dura mater bulging under tension; feeble pulsation. Exposed more widely. Brain explored: Abscess found ¼ in. from the surface; ½ oz. slightly offensive pus evacuated. Drained with six small tubes. Wound packed open.

*Bacteriology of Pus.*—Pure growth of streptococci.

*Subsequent Progress:* November 4, 1924.—Discharged cured; ear dry; mentality and speech apparently normal.

**Left Temporo-sphenoidal Abscess.**

By SYDNEY SCOTT, M.S.

L. B., AGED 22. First complained of deafness and discharge from the left ear in May, 1926: Headaches, left frontal.

Owing to repeated attacks of headache (left frontal) she was admitted to hospital on December, 30, 1926, and the mastoid was opened and drained. The antrum